

230, over a period embracing about five years, of this number 209 being men and 21 women. The average age of the patients for both sexes was 39 years. And as to the duration of alcoholism previous to an attack, in men the percentage was 12 years, in women 10 years. The majority of the patients had at least a week's heavy drinking before the attack commenced. The author states that his records afford sufficient evidence to disprove the general view that abstinence after a drinking bout is the cause or an essential factor in the production of an attack. As to temperature, even a moderate degree of pyrexia was not the rule in the cases he studied. And he was also struck with the comparative rarity of acute symptoms of gastro-intestinal disturbance. As regards hallucinations, his records do not bear out the generally conceded idea the smaller the size of the animals seen the worse is the prognosis for the patient. The prognosis of moderately severe delirium tremens is usually good; 16 cases proved fatal out of a total of 230, or 6.97 per cent.

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ARCHIV. FUER PSYCHIATRIE UND NERVENKRANKHEITEN

(Vol. 39, 1905, Part 2.)

16. The Central Gray in Complete Atrophy of the Optic Nerve. MOELI.
17. A Contribution to the Study of Finer Brain Alterations Following Injury to the Skull. M. DINKLER.
18. The Delimitation of Chronic Alcoholic Paranoia. RAECKE.
19. Mental Disturbances in Arteriosclerosis and Their Relation to the Mental Diseases of Old Age. BUCHHOLZ.
20. History and Critique of the So-Called Psychic Compulsive States. (Conclusion.) WOLFGANG WARDA.
21. The Theory of Cortical Vision. ERWIN NIESSL V. MAYENDORF.
22. Contribution to the Study of Korsakoff's Psychosis, with Special Attention to the Pathological Anatomy. GASTON WEHRUNG.
23. Circumscribed Microgyric Formations on the Cerebral Surface and Their Relation to Porencephalus. MILTIADES OECONOMAKIS.
24. Medico-Legal Examination of Sailors. E. MEYER.
25. A Contribution to the Paranoia Question. SIEFERT.
26. The Relation Between Imbecility and Deaf Mutism. TREITEL.
27. Hydranencephalic Twins. SPIELMEYER.
28. Contribution to the Knowledge of Epilepsy. J. FINCKH.

16. *Atrophy of Optic Nerve.*—In this communication Moeli describes his findings in the gray substance of the third ventricle in a case of total atrophy of the optic nerve. He found a partial disappearance of fibers in the most ventral portion of the wall of the ventricle, and after a careful review of the work done on this anatomical point, he concludes from his own observation that a tract of fibers may be seen coming from the thalamic region and associating itself with the optic tract, which is particularly apparent when the fibers of the optic nerve are atrophied. This tract has nothing to do with that portion of the optic tract related to the hemisphere described by v. Gudden. The minute anatomical details in this paper do not permit review.

17. *Brain Alterations Following Injury.*—Dinkler calls attention to the gradual change in opinion regarding the pathological anatomy of conditions following trauma. He reports two cases with the anatomical findings in which a distinct mental disturbance supervened on a head trauma. A severe mental disturbance following immediately after a relatively slight head injury showed in the first case a high degree of alteration of the vessels of the brain, associated with hemorrhage, softening and cavity formation, with antemortem intravascular bacterial growth, but without

definite signs of gas formation. In the second case, also after simple injury, a high degree of alteration of ganglion cells in the motor cortex was observed.

18. *Alcoholic Paranoia*.—The results of Ræcke's investigation on chronic alcoholic paranoia may be summarized as follows: A chronic paranoia exists which develops on the basis of chronic alcoholism, either primarily or as a direct result of a delirium tremens. Chronic alcoholic paranoia is distinguishable clinically from the classical mental disturbances by certain unimportant traits which are to be referred to the basal alcoholism. The prognosis is very unfavorable, even under conditions of total abstinence. True dementia does not occur. Chronic alcoholic paranoia is to be sharply distinguished from the transitory paranoid excitement which, under some circumstances, may be aroused through repeated alcoholic excesses, quickly disappearing when alcohol is withdrawn. It is furthermore to be distinguished from the terminal mental weakness, in Krapelin's sense, which remains after delirium tremens or acute hallucinatory mania, and is not capable of further development.

19. Continued paper. Reserved for review later.

20. *Psychic Compulsive States*.—Wolfgang Warda in this paper discusses in great detail, both historically and critically, the various so-called compulsive states, and has attempted on the basis of their etiology and clinical significance to separate the varieties as far as possible. The "Zwangsneurose" he regards as a clinical entity from which are to be separated the specialized varieties of morbid apprehensiveness, the phobias, impulsive insanity, sexual psychopathies and allied conditions. Careful analysis shows such discrepancies between these diseased processes that their grouping under one head is unreasonable and possesses no didactic value. The conception of psychic compulsive states in the sense of a complexus of associated disease processes should be wholly given up.

21. Continued paper. Reserved for later review.

22. *Korsakoff's Psychosis*.—Wehrung, in a detailed article on the Korsakoff symptom-complex, reviews critically our knowledge of this as yet somewhat undefined psychosis, with wide reference to authorities. He reports a typical case of three months' duration, associated with definite symptoms of multiple neuritis. Macroscopically the brain showed only a slight leptomeningitis. Microscopically a parenchymatous neuritis was disclosed, with distinct alterations in the spinal cord and marked disappearance of the supraradial association network of the brain.

23. *Microgyria and Porencephalus*.—Miltiades Oeconomakis believes that microgyria and porencephalia are presumably two stages of a common arterial disturbance. If one hemisphere during fetal life, suffers in development, the sound hemisphere undergoes compensatory changes tending to a diminution of the functional defect. The tænia pontis is to be regarded as an aberrant peduncular bundle, which may also hypertrophy and provide for the motility of the homolateral half of the body in case of an atrophic pyramidal tract.

24. *Medico-Legal Examination of Sailors*.—Since the opening of the psychiatric and neurological clinic at Kiel, which is a main port of entry for war ships, there has been opportunity for the observation of the mental disturbances of sailors, and the duty has devolved upon the clinic of deciding expert questions in relation to this class. The paper consists of a painstaking review of the relatively few cases as yet studied, with the expression of various opinions of medico-legal interest.

25. *Paranoia*.—Siefert, on the basis that a case followed clinically with great care is worthy of publication, presents the report of a man of 46, with minutest details of his mental state. The remainder of the paper is taken up with a critical discussion of the general problem of so-called paranoia.

26. *Imbecility and Deaf Mutism.*—Treitel offers a statistical paper on the relation between imbecility and deaf mutism. The writer discusses the question of consanguineous marriages, and draws such conclusions as the somewhat imperfect statistics permit. It appears that among the Jews, who are notorious for consanguineous marriages, more deaf mutes, idiots and imbeciles occur than among other peoples. Marriages of relatives is considered unwise, and Treitel is of the opinion that such marriages should be at least in a measure forbidden.

27. *Hydranencephalic Twins.*—Spielmeyer, in a primarily anatomical article, adds to our knowledge of early acquired brain defects the description of two interesting brains of twins. The cause of the hydranencephalus which existed was a destructive process due to hemorrhage, which partly led to a breaking down of nervous tissue directly and partly through necrosis resulting from the general circulatory disturbance. Evidence for this was found on the periphery of the defect by the presence of blood pigment. The assumption is made that the hemorrhagic process had nothing to do with an arteritis or a thrombotic or embolic closure of vessels, nor was it the accompaniment of an encephalitis, but rather the result of the extremely thin vessel walls, with anomalies resulting therefrom.

28. *Epilepsy.*—Finckh discusses the general subject of epilepsy on the basis of the histories of 250 cases received at the Tübingen Psychiatric Clinic, of whom 164 were men and 86 women. This material is worked over from the point of view of etiology, of the relation of infantile convulsions to epilepsy, of the prodromal signs of the epileptic attack, of the epileptoid state, of the course of epilepsy, and of traumatic and late epilepsy. The paper is largely statistical in character, and is of value so far as 250 cases may be useful in drawing general conclusions.

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PSYCHIATRISCH-NEUROLOGISCHE WOCHENSCHRIFT

(Vol. 7, No. 1, April 1, 1905.)

1. Important Decisions in the Field of Forensic Psychiatry. SCHULTZE.
2. The Reichstag's Debate Concerning Mental Defectives in the Army.
KONRAD ALT.
3. Sleep and Insanity. GEORG LOMER.
 1. *Legal Decisions.*—These refer to German laws and have no interest for English readers.
 2. *Mental Defectives in the Army.*—Calls attention to the fact that mental defectives are often enlisted in the army, and suggests special training of recruiting officers in psychiatry, and a consultation of the school records of recruits.
 3. *Sleep and Insanity.*—A short general discussion of the nature of sleep and its relation to insanity. Sleep is never complete; that is, the brain as a whole does not sleep at the same time. Sensations are always flowing in, and where there is sensation there must be mind. This partial sleep has many analogies with insanity; in fact, sleep has been called a "transitory insanity." The cause of sleep is the periodic recurrence of day and night. The waking state is an adaptation to the day; the sleep and dream state an adaptation to the night. To what are the variations of the psychoses an adaptation? This question to be answered must be investigated by the modern "Curve-Psychiatry," which should take up an investigation of the periodicities of circulation, respiration, the effect of thermometric, barometric and seismic variations on the mental state for a better understanding of psychic periodicity.